FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



THOMSON REUTERS

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1458) S					
OMB APPROVAL						
OMB Number:	3235-0076					
Expires: August	31,2008					
Estimated average	burden					
hours per response	16.00					

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) GRANT INVESTMENT GROUP, LLC \$5.6 MILLION OFFERING OF NON-CONVERTIBLE	PROMISSORY NOTES
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULQ
Type of Filing:	THE FIRST COMPANY OF THE PROPERTY OF THE PROPE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	 09003197
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GRANT INVESTMENT GROUP, LLC	-
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Sixty-Four Peachtree Road, Suite 201, Asheville, NC 28803	(828) 274-7084
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Sixty-Four Peachtree Road, Suite 201, Asheville, NC 28803	(828) 274-7084
Brief Description of Business	
Development of true equity model continuing care retirement community in Mills River, Hend	derson County, North Carolina
The Control of the Co	020
Type of Business Organization corporation	olease specify):
	ility Company
Month Year	nated FFH 27 2009
Actual or Estimated Date of Incorporation or Organization: O O Organization: O Organization of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	mated FFN < / ZOUS
CN for Canada; FN for other foreign jurisdiction)	NC 201 2 1 1 1
GENERAL INSTRUCTIONS	100ముగ్రామ్లు మా
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D. 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the ess such exemption is predictated on the

	A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested for the following:				
 Each promoter of the issuer, if the issuer has 	been organized within the	ne past five years;		
 Each beneficial owner having the power to vo 	te or dispose, or direct the	vote or disposition of, I	10% or more of a class	s of equity securities of the issuer.
 Each executive officer and director of corpor 	ate issuers and of corpor	ate general and managi	ng partners of partne	rship issuers; and
 Each general and managing partner of partner 	rship issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner 🗸	Executive Officer	Director 🔽	General and/or Managing Partner
Full Name (Last name first, if individual) Grant, Richard A.				
Business or Residence Address (Number and Street, Sixty-Four Peachtree Road, Suite 201 Asheville				
Check Box(es) that Apply: Promoter Z E	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Grant, F. Jerry				
Business or Residence Address (Number and Street, Sixty-Four Peachtree Road, Suite 201, Asheville		· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual) Retirement Living Associates, Inc.		-		
Business or Residence Address (Number and Street,	City, State, Zip Code)	4		
2304 Wesvill Court, Suite 310, Raleigh, NC 276	07			. <u> </u>
Check Box(es) that Apply: Promoter F	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual) Ammons, David W.				
Business or Residence Address (Number and Street, 2304 Wesvill Court, Suite 310, Raleigh, NC 276	•			
Check Box(es) that Apply: Promoter I	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual) Watts, Henry C.				
Business or Residence Address (Number and Street, Sixty-Four Peachtree Road, Suite 201, Ashevill				
Check Box(es) that Apply: Promoter I	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply: Promoter I	Beneficial Owner [Executive Officer	_ Director _	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street,	City, State, Zip Code)		····	
	, ,			

				B. IN	FORMATI	ON ABOU	r offeri	NG				;
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							Yes	No k				
2. What is the minimum investment that will be accepted from any individual?							s_100	,000.00				
3. Does th	he offering	permit join	t ownershi	p of a sing	le unit?		•••••••••				Yes 💌	No
commi If a per or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name ((Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<u> </u>					
Name of As	sociated Br	oker or De	aler									
States in W												
(Check	"All States	or check	individual	States)	•••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************	***************************************		☐ Al	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)	<u>-</u> .								
Business o	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	····					
Name of As	ssociated Bi	oker or De	aler						<u> </u>			
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u></u>					
(Check	c "All States	s" or check	individual	States)							☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	: Address (I	Number an	d Street, C	City, State,	Zip Code)			<u>-</u>		*	
Name of A	ssociated Bi	roker or De	aler				<u> </u>		<u></u>			
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
	c "All State:										☐ AI	1 States
AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	••		s 0.00
	Debt	0,000,000.00	\$ 0.00
	Equity	\$	3_0.00
	Common Preferred	. 0.00	0.00
	Convertible Securities (including warrants)	<u> </u>	<u> </u>
	Partnership Interests	\$_0.00	\$ 0.00
	Other (Specify)	5 200 200 20	\$ 0.00
	Total	\$_5,600,000.00	\$ <u>0.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		s 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs		\$ 5,000.00
	Legal Fees		\$_10,000.00
	Accounting Fees		\$ 5,000.00
	Engineering Fees	_	0.00
	Sales Commissions (specify finders' fees separately)	_	0.00
	Other Expenses (identify)] S
	Total		20,000,00

b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	'adjusted gross	\$5,580,000.00
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish ar check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above.	n estimate and	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		2 \$ 0.00
Purchase of real estate		\$ <u></u>
Purchase, rental or leasing and installation of machinery and equipment	\$ 0.00	_ Z \$_0.00
Construction or leasing of plant buildings and facilities	\$ <u>0.00</u>	<u></u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$ 0.00
Repayment of indebtedness		_ \$_0.00
Working capital		_ [] \$
Other (specify): Development of true equity model continuing care retirement cor		_ S_5,580,000.00
in Mills River, Henderson County, NC including costs of construction and paymen	t of	0.00
general contractor, and subcontractors, marketing and sales costs and expenses	[] \$	Z \$ 0.00
Column Totals	\$ 0.00	5 ,580,000.0
Total Payments Listed (column totals added)		5,580,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date	
GRANT INVESTMENT GROUP, LLC	February 23, 2009	
Name of Signer (Print or Type)	Title of Signer (Print of Type)	
Richard A. Grant	Manager	